

## **Family/Consumer Support and Education**

### **RFP # 1539-BMHSAS-SM**

#### **Questions/Answers**

**3/6/06**

Listed below are questions that were asked about the above stated RFP, prior to February 24, 2006 (section 1.5 of the RFP) and at the proposers' conference held on March 1, 2006 at 1 W. Wilson St., Madison. The answers are arranged into four categories; 1) General RFP Questions, 2) Proposal A Questions, 3) Proposal B Questions, and 4) Proposal C Questions. The responses below include additional new information based on further consideration of the questions. Even if you were in attendance at the proposers' conference, it is important to read the responses below.

#### **General RFP Questions:**

- 1) **Q.** Are for-profit agencies eligible to apply? **A.** Only governmental and non-profit entities are eligible to receive direct grant funding through this or any grant funded with the federal Mental Health Block Grant (MHBG). A non-profit or governmental entity who receives direct funding from the MHBG may subcontract with a for-profit entity, for a specific contract deliverable but cannot subgrant funds to a for-profit entity.
- 2) **Q.** Could you clarify public agencies? **A.** Any state, county, or municipality, or any subdivision or department of a state, county or municipality.
- 3) **Q.** I was under the impression that Mental Health Block Grant funds must be directed toward services for children who meet the Severe Emotional Disturbance (SED) criteria and adults with Serious Mental Illness (SMI). **A.** Yes, the target population for this RFP (and any grants funded by the MHBG) must be children with SED and/or adults with SMI.
- 4) **Q.** Who is the appropriate contact in the Department to find out more about Aging and Disability Resource Centers? **A.** The contact person is Ann Marie Ott and her phone # is: 608-261-7809 and e-mail: [otta@dhfs.state.wi.us](mailto:otta@dhfs.state.wi.us)
- 5) **Q.** I notice that the Wisconsin Coalition of Independent Living Centers Inc. (WCILC) (and Wisconsin Coalition for Advocacy (WCA)) are referred to a couple times in the RFP, but no-one has contacted WCILC (or WCA) to discuss this potential collaboration. This also seems to be true with the Counties' collaboration. **A.** The intent of the RFP is for the **proposer** to contact agencies or organizations to foster collaboration and reduce duplication of some services.
- 6) **Q.** How was it determined who received the RFP? I did not receive the RFP from DHFS, but had it forwarded to me. **A.** We sent it to counties, tribes, area administrators, MH Coordinators, consumers, service providers and others. As we update our lists we will include the independent living centers on the list.

- 7) **Q.** The timeframe for the proposals to be due by 3/30 is too tight. **A.** We would have preferred to provide more time for people to respond to the RFP, but in order to review applications and then to start contracts as of 7/1/06 we need to have written responses back by 3/30/06. The agencies that are currently funded were made aware that their funds would be put into this RFP last year and the Council on Mental Health also received notice in 2005.
- 8) **Q.** Only Proposal C requires a staff absence plan, a salary justification, and staff qualification descriptions - if these are considered to be valuable information, they should be required for Proposal A and C. **A.** There isn't any requirement that multi proposal RFP's have to be identical, the requirements for each section were driven by several considerations. The reason for a single RFP release for three distinct and separate set of requirements was done to save time and costs for the Department and be more expeditious for the proposers. Given the larger amount of funding available for the more complex Proposal C and the array of skill sets needed for the successful fostering of recovery centers, additional detail on staff competencies was asked for. All three of the proposals do however request information about staff job descriptions and salary costs.
- 9) **Q.** The RFP states that information from the proposers' conference will not be made available to persons or entities that do not attend. **A.** It is not accurate. In section 1.5 the RFP states, "revisions/amendments and/or supplements will be provided to all recipients of this initial RFP." The Bureau will post Q/A on the RFP website which will be available for anyone to access. People who did not attend the proposers' conference will however have missed the nuances of the discussion at the meeting which may affect proposals.
- 10) **Q.** What is the timeline for responding to written questions? **A.** There is not a timeline to respond, however we will try to have written answers posted on the web as quickly as possible. The location for the web site is: <http://dhfs.wisconsin.gov/rfp/> click in the DDES section, #1539-BMHSAS-SM.
- 11) **Q.** Was the RFP based on statistical analysis? **A.** We depended on a method called qualitative research. This was the purpose of the seven listening sessions (in November and December 2005) that were constructed in such a way that the same questions were asked at each session and the answers compiled to elicit areas of common concern and interest from consumers. This type of research is often used to explore issues in depth that a common survey could not, and where the population targeted is not easily accessible. (Handouts were provided at the proposers' conference showing results from the consumer sessions and family consumer teleconferences and survey).
- 12) **Q.** How many consumers were involved in these sessions? **A.** About 150 at 7 listening sessions across the state and about 50 – 70 at the consumer summit. There were 7 people involved in the 4 family/consumer teleconferences and 54 respondents to the online Family Consumer Survey.
- 13) **Q.** Was there a concern about the sample size? **A.** No, outreach was extensive, contact was made to the degree that those that actually came to the listening sessions were a representative sample, including young adults and elders.
- 14) **Q.** How did the Bureau get the word out for the consumer listening sessions? **A.** Mailings (counties, area administrators, MH coordinators, tribes, service

- providers, consumer groups etc.), e-mails, phone calls and by word of mouth. There were some paid consumer coordinators at some of the sites who helped organize the meetings. A suggestion from the audience at the proposers' conference included getting info. out sooner to improve consumer participation.
- 15) **Q.** Is the evaluation committee different for each proposal? **A.** Yes, each proposal will have a different group of people evaluating them. The evaluation teams will have at least one person from the categories of 1) family member/consumer, 2) service provider, and 3) state staff. Names of the evaluators will be available when the proposals become public, but information about how they scored will not.
- 16) **Q.** Will the Bureau assure that there are no conflicts on evaluation committee members? **A.** Evaluators are chosen and asked if they would have any conflicts with the proposals they will be reviewing, they also sign a form indicating that they do not have a conflict of interest with evaluating an assigned proposal. The RFP also has an appeal process outlined in section 3.7.
- 17) **Q.** If only one agency submits a proposal, and doesn't meet the criteria, what happens? **A.** The Bureau reserves the right to negotiate, as well as the right to not fund. We do expect to receive proposals in all areas.

#### **Proposal A Questions:**

- 1) **Q.** Why weren't there listening sessions/summit for family members? **A.** The timeline and available funding was tight. There were discussions with family members/advocates who also thought that having the teleconferences would be a good way to elicit feedback because of the ease of doing a teleconference from one's home, instead of attending a meeting.
- 2) **Q.** I did not understand the time constriction on the family listening sessions? **A.** Last May the department decided to reissue an RFP for Family/Consumer Support and Education. Some advocates requested listening sessions in the Fall, prior to the RFP being issued, and the department felt that as it had been some time since listening sessions were held, that this was a good idea. The department extended the current contracts for six months, with a release of the RFP in February to allow for contracting starting on July 1 of 2006. This meant that the RFP would have to be written in January 2006 to meet the timelines because of the internal process. The department was committed to not having a gap in services through these contracts. A different format was decided on for families to accommodate work schedules and home life.
- 3) **Q.** Page 25 talks about requirements of the work plan, there are 21 objectives, do we need to submit 21 pages? **A.** No, the responses to the objectives do not need to be a page for each one.
- 4) **Q.** Some activities may cover multiple objectives how should proposers' respond? **A.** Refer back to objectives that are covered elsewhere.
- 5) **Q.** Page 21 states the training requirements for local, regional and state, please clarify. **A.** The local could be providing a training to a CST or ISP and it's not advertised within the region. The regional training is one open to all counties in a

state region and the statewide training could be at the Children Come First conference, Bureau conference, etc.

- 6) **Q.** The RFP states that special consideration will be given to proposers' who collaborate with Aging and Disability Resource Centers why is that stated? **A.** These centers can be of assistance as children transition to adulthood and this will assure that family members are aware of the centers and the services they provide including that of benefit specialist.

### **Proposal B Questions:**

- 1) **Q.** If an applicant has already developed a Family Psycho-Education model program (with measured results), can it propose to implement its current program statewide in lieu of assembling a state-level work group for the development of a Family Psycho-Education model found in Part B of the RFP, as the work of developing an evidence-based practice (EBP) takes a research staff separate from the implementation staff and many years to establish as an EBP. **A.** The Bureau recognizes that it takes many years to implement EBP's. We also recognize that at the federal level they have identified a research-based psycho education EBP and the latest research indicates that families in conjunction with professionals have the best outcomes. The Center for Mental Health Services, our federal oversight agency will now evaluate states as to our establishment and use of EBPs. The Bureau recognizes there are many ways to develop the programs. A state-wide committee provides more input from important collaborative partners and gains buy-in. We anticipate this project will build on work already started.
- 2) **Q.** Would the BMHSAS consider rolling in the \$95,000 recovery implementation money that will become available in September, 2006 into Part B (Family/Consumer Support) of the RFP for the sole purpose of supporting the county mental health programs training contingencies, i.e., technical assistance and training to implement Family Psycho-Education programs at the local level, contained in the RFP? **A.** The issue of funding for Recovery implementation is separate from this RFP. However, the Recovery Task Force is researching evidence-based and best practice in recovery.
- 3) **Q.** Can the following substitution be made: that the training and technical assistance requirements for Family Psycho-Education implementation found in Part B of the RFP be made available statewide to local affiliates of the applicant agency rather than to county service providing agencies so that local relationships can be established and strengthened? **A.** Because Family Psycho-Education includes a clinical component linkage to county level mental health agencies, they have to be an integral part of the transformation of the delivery system, particularly with the rapid expansion of Comprehensive Community Services (CCS). The proposer is welcome to identify how local consumer/family affiliates could work with local mental health programs as part of this program in both outcomes for information and assistance and Family Psycho-Education. They need to be aware of both EBP's and the work being done with consumer groups.
- 4) **Q.** If the intent of Part B of the RFP is to make available statewide Family Psycho-Education, would it meet the requirements of Part B of the RFP to have

MOU's between county provider agencies, Aging & Disability Resource Centers (ADRC), consumer-run agencies and others, to refer interested family members and providers to the recipient agency (and its statewide affiliates) of Part B of the RFP? **A.** At the proposers' conference we replied; "With the limited funding that is available, the potential demand for Family Psycho-Education and the capacity of the recipient agency to deliver the services directly may be a challenge for a sole provider. A better approach may be to provide the training to others (consumer groups, ADRC's and county agencies) and then assure that they meet the fidelity of Family Psycho-Education model." However after further study we have added the following response; MOU's will be very helpful with the organizations stated. However, it is the vision of the Bureau of Mental Health and Substance Abuse Services that the proposer becomes the state expert in Family Psycho-Education. Working with the national expert, we will together learn what has been successful elsewhere and the successful applicant will work with the BMHSAS to develop a process and work plan that lays out how to best implement Family Psycho-Education statewide.

- 5) **Q.** Nowhere in the RFP is there any mention of current activities funded by the Family Education and Peer Support Funding. Is the current contract agency to assume that all of those activities, at both the state and local levels, will be eliminated as a result of the shift in focus reflected in this RFP? **A.** The proposer should feel free to allocate resources in this budget to meet the proposal outcomes in the most cost effective way as well as integrating those activities with current affiliate activities that are complimentary to transformation.
- 6) **Q.** How did psycho education make it into the RFP? **A.** This is an EBP that SAMHSA is encouraging states to develop, support and fund family psycho-education.
- 7) **Q.** The EBP for family psycho education focuses on training providers. It seems direct support to families is different. Is it a reasonable expectation for our advocacy agency to provide training to providers? **A.** The RFP is not specifically recruiting an advocacy agency however, an advocacy agency is welcome to apply. There is considerable stress put on collaboration in this RFP. Responding agencies need to be creative in its collaborative partnerships with provider agencies, so that mutual investment in training across both consumers and professionals can occur without the resources of the agency being depleted.
- 8) **Q.** There is a concern about the timeline listed in the RFP, if revisions need to be made, can this be extended? **A.** No, the deadline for submission of the proposals remains March 30<sup>th</sup> 2006 at 4:00 p.m.
- 9) **Q.** A large amount of past funding has been used to support the local affiliates, the way the RFP is written the affiliates could fold. The Bureau has paid for programs such as Family to Family and In Our Own Voice and this may stop. **A.** Proposers will need to look at their own organizations and find out how to propose getting from their current status and transitioning to meet RFP requirements. Depending on how the current affiliates are used to meet RFP goals they could continue or transition.
- 10) **Q.** I understand the problems with federal funding constraints and collecting data, but we are small and don't have the resources, I don't see how we would respond

- and do it effectively in the time frame given. **A.** Respond starting where your organization is now and how you will move towards the requirements in the RFP.
- 11) **Q.** Can proposers say transition time is needed, should that be put in the proposal? **A.** We will accept all proposals that are reasonable and have strategic planning as part of the proposal. We would like a planful approach to meeting these transformation goals. At the same time, we recognize that currently funded program have provided good support to families and consumers. Proposers can identify how they plan to transition to the new program requirements in the RFP.
- 12) **Q.** EBP is hard, our work is on best practice models. Will the Bureau be looking at those or only EBP? **A.** We will be looking at best practice where no EBP exists, we want the best and most effective services in all areas. SAMHSA has a toolkit to assist with these issues and it is listed on the handout provided. The website to access the toolkit is: [www.mentalhealthpractices.org](http://www.mentalhealthpractices.org).
- 13) **Q.** Section B4 talks about existing data. Can proposers start collecting data and then project what it will be? **A.** Yes, proposers can use available data or propose what you will be doing to collect future data, the state may also be able to help provide data that you need.
- 14) **Q.** If part B is focusing on training, are the counties being directed to collaborate with recipient agencies? **A.** There are many points where the Bureau and the Department are requiring collaboration by county agencies. It is a CCS requirement, an ADRC contract requirement and coordination and collaboration is being actively promoted in all new initiatives. The vision would be where there are local affiliates, they would link with ADRC's and become part of the ADRC required resource data base. We don't expect them to provide services, but to make linkages. The Bureau will also be coordinating quarterly meetings for the successful proposers for an opportunity to learn what the other agencies are doing and to collaborate on trainings and learning opportunities. The Bureau will work with counties, especially CCS counties to include Family Psycho-Education in their service array.
- 15) **Q.** QA/QI position, is it a formal approach such as Deming or continuous improvement? **A.** It is not a formal approach such as Deming, but it will be important to collect data to allow the agency to demonstrate improvement and measure changes that make the program more effective.

### **Proposal C Questions:**

- 1) **Q.** Can you clarify the first bullet under C4.3? The definition on page 9 is referenced. Does this definition apply or the agency descriptor in C4.1? **A.** They are the same; "composition of not less than 51% consumers...", or "51% or more self-identified consumers..."
- 2) **Q.** Is the word "Recovery Center" a new term being used by the state? **A.** It's a term that came out of the listening sessions, consumers didn't like the term "drop-in center". They want a place where they can receive services/ supports that may include employment assistance, co-occurring group support, peer advocacy support etc. Club Houses meet this criteria, but a Recovery Center will not have to follow the guidelines required of a Club House model. What we would like to

see is local groups developing Recovery Centers that are particular to the needs and desires of those consumers participating.

- 3) **Q.** Will there be different objectives beyond 18 months? **A.** There may be additional requirements that will be discussed with the proposer and the Bureau contract monitor after the initial contract period is completed. The funding is expected to continue for three years and six months and is dependent annually on meeting contract requirements. After the initial 18 month period, the agency will be required to submit on an annual basis, expected outcomes, work plan and budget.
- 4) **Q.** On page 36 Outcome A, it states the consumer-run organizations will be self-sustaining and in section C4.9 it states a three-year plan to reduce reliance on MHBG funding, which is accurate? **A.** We would like to see some sustainability after the three year period and we don't want them to depend solely on soft MHBG funding because of the tenuous nature of that funding source. There may be a number of opportunities for sustainability which include the Comprehensive Community Services (CCS) programs in counties and fundraising. Consumers and others may want to work with their county boards to access CCS funding for sustainability or to begin CCS in their county if one isn't currently available. We want to see activities in the work plan that **reduces the reliance on** MHBG funding. The standards are different in proposal C, because of the larger amount of money that is available and the complexity of starting up recovery centers.
- 5) **Q.** Why will funding be geared toward existing curriculum rather than our own? **A.** The state and federal government have invested funding over the years for curriculum development, so we see no need for the proposer agency to develop their own. The curriculum should already exist, whether it is the ones mentioned or others that you know of.
- 6) **Q.** Unclear on overall vision and sustainability for the project and will more recovery centers be developed? **A.** One example is in Marathon County, the Club House in this county is sustained by CCS funding. They can also serve persons who are private pay. There is a general recognition that recovery centers are needed to provide information, linkages and informal supports to complement formal services for a greater chance for successful recovery for consumers. Regarding sustainability, the amount of funding available from the MHBG has been reduced the past two years and the amounts for each section of the MHBG is limited based on funding amounts set by the legislature. It is important to the vision to promote Recovery Centers statewide and that these new programs begin to be sustained locally and become a part of the fabric of local services and supports.
- 7) **Q.** Why isn't the Consumer conference in the RFP? **A.** The Bureau will have a consumer track in the integrated Bureau conference in October. The proposer can also identify how doing a Consumer conference will help further the vision of the RFP outcomes including Recovery Centers and training consumers to be self and peer advocates.
- 8) **Q.** Fiscal constraint – does there need to be an executive director for each Recovery Center site and hence need for salaries? **A.** In order to be a sustaining

organization, the Recovery Center would eventually need an individual responsible for the organization. CCS is one resource to consider, to pay for staff.

- 9) **Q.** Clubhouses have more requirements than recovery centers. **A.** We agree that recovery centers are not equivalent to clubhouses.
- 10) **Q.** If programs are not in CCS counties, proposers' will be starting from scratch, what do you suggest? **A.** This should be part of your strategic plan. It would make sense to look at those existing centers in CCS counties first as potential sustainable sites. For sites where CCS is not currently available, exploring other ways to support recovery centers through presentations to county boards or local fund raising with local charities are also ways.
- 11) **Q.** If there is a recovery center in a CCS county will there be a push from the state to get the CCS to cooperate? **A.** Yes, we will work with the CCS to work with the recovery center.
- 12) **Q.** Our Board is going through some changes, what if it does not meet the requirements of the RFP? **A.** The intent is that the mix on the board is at least 51% of self-identified consumers of mental health services. Your proposal should state how the board will become effective if they currently do not meet the requirements.
- 13) **Q.** What are other options if our drop-in center doesn't get funded? **A.** The Bureau is available to talk to you about this at a different meeting.
- 14) **Q.** What are Administrative expenses? **A.** These are defined by the feds for the use of MHBG funds. The RFP includes a definition. For additional information please refer to the Department of Health and Family Services' Allowable Cost Policy Manual that is available on line at:  
<http://dhfs.wisconsin.gov/grants/Administration/ACPM.HTM>.
- 15) **Q.** It seems that the movement to Recovery Centers assumes all consumers are high functioning. If drop-in centers are no longer available where will people go who cannot yet function at that level? **A.** A Recovery Center is envisioned to offer a range of peer supports and peer education. Nothing in this RFP prohibits the Recovery Center from including a "drop-in center" as part of that range of peer supports and services, as well as including a transition plan for existing MHBG funded drop in centers.